

## Home and Community Services

Tell us how we are doing!

**Your answers are confidential and will not affect your services.**

On date \_\_\_\_\_ Type of contact: ☐ Home visit ☐ Office visit ☐ Hospital/Facility visit

The following were involved: ☐ Social Worker ☐ Nurse ☐ Financial Services Staff

☐ Supervisor ☐ Other Administrative Staff: \_\_\_\_\_

I am a: ☐ Client ☐ Family Member/Guardian ☐ Other: \_\_\_\_\_

I was treated with courtesy and respect. ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

I was listened to when I talked. ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

My questions were answered. ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

I received the information I needed. ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

I know what to do next. ☐ Yes ☐ No

I was given numbers to call if I need help. ☐ Yes ☐ No

What are other ways we can help you? \_\_\_\_\_

Comments: \_\_\_\_\_

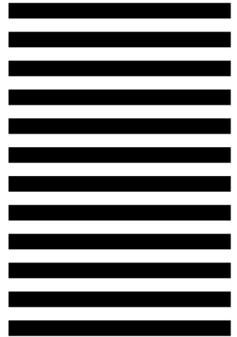
I have additional questions/comments. Please call me at: (\_\_\_\_\_) \_\_\_\_\_

Mailing address is on the back of this card. No stamp is needed. Please drop this card in the mail.

**For questions, please call 1-800-422-3263. Thank you.**



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